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A mixed methods study to determine how narcotic knowledge for post-surgical patients' influences their experience of self-medication after hospital discharge

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Narcotic pain management for a postoperative patient can be a significant challenge after surgery. It is clear from the literature, however, that adequate discharge teaching does not always happen, or happens when patients are groggy, stressed, and possibly cognitively impaired. The purpose of this study is to determine if there is a correlation between: 1) the change in patients' narcotic knowledge from admission to discharge from the hospital, and 2) the quality and experience of pain management for the patient after they return home. This research will involve mixed methods methodology. Phase 1 comprises a convenience sample of 40 surgical patients who will complete quantitative admission and discharge surveys measuring the change in narcotic knowledge, an indication of the narcotic teaching received from the pre-surgery clinic visit to hospital discharge from all sources. Phase 2 includes qualitative and quantitative data collection with 15 volunteers from phase 1 and uses patient journal entries, medication record, observer notes, and a final semi-structured interview. The interview will be conducted two weeks after the patient has completed all narcotic pain medication. At the conclusion of data collection for phase 2, a phenomenological analysis will be done, followed by quantitative and mixed methods analyses. The measurement of the narcotic knowledge from the surveys will be analyzed with the pain and pain quality scales to explore the quality of pain management and its relationship to narcotic knowledge. The scores from the surveys will then be analyzed with the QOL scores and the coded themes and from the qualitative data to determine the numerical experience of pain management and its relationship to narcotic knowledge. Phenomenological results will be shared with participants to verify that what was written was what they actually experienced.

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